

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-675)

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.						
1					51	(2)				
2					52					
3					53					
4					54					
5					55					
6					56					
7					57					
8					58					
9					59					
10					60					
11					61					
12					62					
13					63					
14					64					
15					65					
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30					80					
31					81					
32					82					
33					83					
34					84					
35					85					
36					86					
37					87					
38					88					
39					89					
40		(1)			90					
41					91					
42					92					
43					93					
44		(2)			94					
45					95					
46					96					
47					97					
48					98					
49					99					
50		(2)			100					
TOTAL IND.	7		5		TOTAL IND.					
TOTAL DEP.	33		45		TOTAL DEP.					
TOTAL CLAIMS	7	INDEPENDENT	50	DEPENDENT	TOTAL CLAIMS					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS